

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Attachment 1.1-B
MEDICAL ASSISTANCE PROGRAM

State of Guam

WAIVER(S) OF THE SINGLE STATE AGENCY REQUIREMENT GRANTED
UNDER THE INTERGOVERNMENTAL COOPERATION ACT OF 1968

Waiver #1.^{1/}

- a. Waiver was granted on _____
(date)
- b. The organizational arrangement authorized, the nature
and extent of responsibility for program administration
delegated to _____, and
(name of agency)
the resources and/or services of such agency to be utilized
in administration of the plan are described below:

NOT APPLICABLE

1/ (Information on any additional waivers which have been granted
is contained in attached sheets.)